PTO/SQ:05 (05-03)
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| PATENT APPLICATION FEE DETERMINATION RECORD | | | | | | | | | | ess doisp | ss it displays a valid OMB control number. | | |
|--|---|---------------------------------|---------------------------------|-----------|--|------------------|----------|----------------|---------------------------------------|------------------------------|--|------------------------|--|
| Substitute for Form PTO-875 | | | | | | | | | | Application of Docket Number | | | |
| CLAIMS AS FILED - PART ((Column 1) (Column 2) SMALL ENTITY | | | | | | | | | | OR | OTHER THAN SMALL ENTITY | | |
| | FOR NUMBER FILED | | | | NUMBER EXTRA. | | | RATE | 500 | 1 | · · | T | |
| | BASIC FEE (37 CFR 1.16(a)) | | | | * : | | 1.1 | | FEE | | RATE | FEE | |
| | TOTAL CLAIMS (37 CFR 1.16(d) | | | | minus 20 = - | | | | - - | OR | | · | |
| | DEPENDENT CU CFR 1.16(b)) | MMS | minus 3 = | | | | | = | | OR · | X 5= | | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.(6(d)) | | | | | | | | = | <u> </u> | OR | X S = | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | = | | OR: | + s = | | |
| | | | | | | | | TOTAL | L | OR- | JATOT | L | |
| CLAIMS AS AMENDED - PART II | | | | | | | | | | | | | |
| 1 | -0.00 | (Colu | | , | (Column 2) | (Column 3) | | SMALL E | NTITY | OR | | R THAN ENTITY | |
| LN. | | REMA | VIMS VENING TER DAMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADOI: TIONAL | | RATE | VADDI- TONAL | |
| AMENDMENT | Total (37 CFR 1.16(c)) | 2 | 6 | Minus | 29 | = | X | , . | <u>₹E</u> E | | | F€€ | |
| EN I | Independent (37 CFR 1,16(b)) | 4 | T | Minus | 4 | 1 | | | | OR | x s = | | |
| AM | FIRST PRESEN | TATION OF | MULTIPLE | DEPEND | ENT CLAIM (37 CI | FR 1 16(a)) | × | | | OR | x s = | | |
| | l | | | | | | | TAL OULFEE | | OR OR | TOTAL ADD'L FEE | | |
| | | (Colum | | | (Column 2) | (Column 3) | | | <u>:</u> | | | | |
| AMENDMENT | | REMAI REMAI AFTI AMEND | NING ER | | . HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL* FEE | | RATE | ADDI- TIONAL | |
| .⊠ | Total (37 OFR 1,16(c)) | | | Minus | •• | Ξ | X s | = | | OR | X \$ =. | FEE | |
| ÆN | Independent (37 OFR 1,16(b)) | <u> </u> | | Minus | | = | X S | | | OR OR | x s = | | |
| A | FIRST PRESCUI | 14000 OF 0 | MULTIPLE | DEPENDE | ENT CLARE (37 CF | R + táici; | + 5 | | | OR OR | | | |
| | | | | | | | TO | TAL D'L FEE | | 90. [| TOTAL AOO'L FEE | | |
| · | | (Colum | | · · · · · | (Column 2) | (Column 3) | · | | · · · · · · · · · · · · · · · · · · · | | | | |
| AMENDMENT | | REMAI AFTE AMEND | NING ER | | ·· HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | ' | RATE | ADDI TRONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | (3) CFR LIGGI | · . | | Minus | | = | X 1 | = | | OR . | 'x s = - | | |
| AEN | Independent (37 CFR 1 16(6)) | • | | Minus | | = | X 1 | = | | OR | x iz | - 40° | |
| A | FIRST PRESENT | ATION OF A | AUL TIPLE | DEPENDE | NI CUM 137 CF | R 1 16(d)) | + 5 | = | | OG | | | |
| 101AL AOO1 FFE | | | | | | | | | | ÖR L | TOTAL ADO'L FEE | | |
| | If the entry in column 1 is tess than the entry in column 2, write '0' in column 3 If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter '20' If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter '3' The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter '3' | | | | | | | | | | | | |

(Total or Independent) is the highest number found in the appropriate box in column 1. This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time with vary depending union the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Check Information Office, U.S. Pateril and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Paterits, P.O. Box 1450, Alexandria, VA 22313-1450.